

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/980854

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	1		1				51						
2		1					52						
3		2		1			53						
4		3		1			54						
5		3		1			55						
6		3		1			56						
7	1		1				57						
8		1		1			58						
9		2		1			59						
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47							97						
48							98						
49							99						
50							100						
51							TOTAL IND.						
52							TOTAL DEP.						
53							TOTAL CLAIMS						

BEST AVAILABLE COPY